



December 31, 2015

Project No: **E09-DERM-01-024-CEI Building 410 at Opa-Locka Airport-Source Removal, Reporting, and Monitoring Well Installation on Behalf of the Miami-Dade Aviation Department (MDAD)**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/Cons) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **11:30 AM, TUESDAY, JANUARY 5, 2016.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to [caesars@miamidade.gov](mailto:caesars@miamidade.gov)**. If you have any questions, please contact me at (305) 375-3141.

Sincerely,

**Caesar Suarez**  
Capital Improvement Projects Specialist  
Small Business Development Division  
Miami-Dade County Internal Services Department  
Phone: (305) 375-3141  
Fax: (305) 375-3160  
Email: [caesars@miamidade.gov](mailto:caesars@miamidade.gov)



<http://www.miamidade.gov/smallbusiness/>

Please familiarize yourself with SBD's Website: <http://www.miamidade.gov/smallbusiness/>

## **VERIFICATION OF AVAILABILITY TO BID**

INTERNAL SERVICES DEPARTMENT (ISD)  
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION  
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM  
111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111    **FAX: 375-3160**

**PROGRAM COORDINATOR: Caesar Suarez**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

**CONTRACT TITLE: Building 410 at Opa-Locka Airport-Source Removal, Reporting, and Monitoring Well Installation on Behalf of the Miami-Dade Aviation Department (MDAD)**

**PROJECT NUMBER:            E09-DERM-01-024-CEI**

**Estimated Contract Amount: \$49,124.66**

**(Scope of work and minimum requirements for this project is attached.)**

\_\_\_\_\_  
NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

Certification Expires: \_\_\_\_\_  
DATE

Telephone: \_\_\_\_\_ **\*\*\*Bonding Capacity:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
DATE

<b>Currently Awarded Projects (Name of Project and Owner)</b>	<b>Project Completion Date</b>	<b>Contract Amount</b>	<b>Anticipated Awards</b>

## VERIFICATION OF AVAILABILITY TO BID

**CONTRACT TITLE:**            **Building 410 at Opa-Locka Airport-Source Removal, Reporting, and Monitoring Well Installation on Behalf of the Miami-Dade Aviation Department (MDAD)**

**PROJECT NUMBERS:**        **E09-DERM-01-024-CEI**

**ESTIMATED CONTRACT AMOUNT:**    **\$49,124.66**

**PROJECT DESCRIPTION:**

The subject project work consists of removing and disposing of approximately 290 tons of contaminated soils, site restoration, and reporting.

**Qualifications & Experience Requirement:**

Based on site history, contamination exists and therefore any excavation or removal work must be performed by personnel, including subcontractors, which are certified in accordance with OSHA standards in Hazardous Waste Operations and Emergency Response (HAZWOPER); a requirement that the prime contractor must meet.

**Does your firm hold a valid, current, and active Certification in accordance with OSHA standards in Hazardous Waste Operations and Emergency Response (HAZWOPER)?**

\_\_\_\_\_ **Yes** or \_\_\_\_\_ **No**

**If your firm answered Yes, please provide a copy of the license.**

**Additional Info:**

Permits that are issued by PWWM for construction within the public right-of-way, as well as additional permits, which may be required by other municipalities or agencies, including those required for tree removal, will be the responsibility of the Contractor.

**Can your firm perform the following scopes of work? (if yes, please attach a resume or fill out last pg)**

<b>Task Description</b>	<b>Estimated Quantity</b>	<b>Units</b>	<b>Estimated Cost</b>	<b>Yes or No</b>
Eng/Planning/Mgmt/Oversight/Reporting	L.S.	L.S.	\$ 13,648.66	
Equipment & Materials	L.S.	L.S.	\$ 14,843.50	
Labor	L.S.	L.S.	\$ 4,798.40	
Disposal and Survey	L.S.	L.S.	\$ 15,834.10	
<b>Total Construction</b>			<b>\$ 49,124.40</b>	

## **Contractor Qualifications Questionnaire**

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: [caesars@miamidade.gov](mailto:caesars@miamidade.gov) or via fax (305) 375-3160 attention Caesar Suarez.

\_\_\_\_\_ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the qualifications/experience requirement, bonding requirement and can perform the scope of work as required.

\_\_\_\_\_ Proposer (PRIME/SUB) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the contract.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: \_\_\_\_\_

NAME OF REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(s) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE**

Please list your firm’s history of “Projects with Similar Scopes of Work”:

# SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$\_\_\_\_\_

Scope of Work:

---

---

---

Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$\_\_\_\_\_

Scope of Work:

---

---

---

Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$\_\_\_\_\_

Scope of Work:

---

---

---

## REASONS & COMMENTS

---

---

---

---

---